2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 29, 2007 8:00 am **Secretary of State**

03-29-2007 90024 006 ****70.00

-			NIO-7	\sim
1 11 11 1		N I I 77	$\mathbf{N} \mathbf{I} \mathbf{J} \mathbf{J}$	m×n
DOC	UIVIE	N I 177	INZI	uou



1. Entity Name METRO CHURCH OF CHRIST, INC. 40044545 Principal Place of Business Mailing Address 1491 E STATE RD 434 1491 E STATE RD 434 STF 101 STE 101 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2847190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUTH DAVID C 1937 KIMBRACE PLACE Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL 32792 Žip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE **™**Change¹ Addition Victor Washburn 113 Jane Creek Rd WASHBURN, VICTOR NAME NAME STREET ADDRESS 117 JANE CREEK RD STREET ADDRESS CITY - ST - ZIP GENEVA, FL 32732 CITY-ST-ZIP Geneva FL 32732 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MUTH, DAVID C NAME 1937 KIMBRACE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition GERBER, BERT NAME NAME STREET ADDRESS 936 SAZA RUN STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP ☐ Delete TITLE TD TITLE ☐ Change ☐ Addition NAME LEE, RICK NAME STREET ADDRESS 1490 AVALON BLVD STREET ADDRESS CITY-ST-ZIP CASSELBERY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RICK COX NAME COX, RICK H NAME Jane Creek Rd 1037 PEBBLE BEACH CIR E STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY - ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME WALKER, KIRK NAME 1140 SHADY PALM COVE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OVIEDO, FL 32765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #